CLASS C AME	ENDMENT FORM 2007.83.T
File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649	241660 S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201
Columbia, S.C. 29211 (803) 896 – 5100	(803) 737-0578 FAX (803) 737-0815
FAX (803) 896-5199	ECEIVED
DATE: 130 13	JAN 3 1 2013
	r, T, W, W/W
Class C Taxi#Class C Charter	#
Class C Non-Emergency #	
Please consider this as my request for the following	ng amendment(s) to my Certificate:
Name Change	•
From: DJ's Transportation, LLC	DBA: CO Jackie P. White & Delbart T. White
(Current Name)	(Current DBA if applicable)
TO: TRI-State Transit, Di	BA:(New DBA if applicable)
Scope of Authority	
From:	TO: PEAN
(Current Scope)	To: RECOPE)
Passenger Limit	Claracone)
From:	CLEARSC SC TO: TROUGH
(Current Limit Number)	OFFICE(New Limit Number)
	103 Palm C+
Name & DBA if DBA is applicable)	(Street and/or Mailing Address)
Summerville & 29483	1 Machaela D
(City, State, Zip Code)	(Signature)
843-367-8893	Owner
(Telephone Number)	(Title) Owner President etc

nau at ta nittob

U J's Fransportation, L

The State of South Carolina



RECEIVED

JAN 3 1 2013

T,T,QR\$/w

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

TRI-STATE TRANSIT, LLC., A Limited Liability Company duly organized under the laws of the State of South Carolina on January 30th, 2013, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

> Given under my Hand and the Great Seal of the State of South Carolina this 30th day of January. 2013

Mark Hammond, Secretary of State

1.

CERTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ON FILE IN THIS OFFICE Jan 30 2013

SECRETARY OF STATE OF SOUTH CAROLINA

130130-0137 Filed: 1/30/2013 TRI-STATE TRANSIT, LLC. Filing Fee: \$110,00 ORIG Mark Hammond South Carolina Secretary of State

STATE OF SOUTH CAROLINA SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR A LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

The					
	e address of the initial designated office of the Limited Liability Company in South Carolina is				
103	PALM CT	Samuel Carolina is			
Stree	t Address				
	MERVILLE SC	294831813			
City		Žip Code			
The	in Wat amount for				
TAC	initial agent for service of process of	of the Limited Liability Company is			
JACKIE WHITE	Electronically filed on SCBO				
	9	Signature not required.			
		a for this initial agent for service of process is			
	PALM CI				
	Address				
	Address MERVILLE SC	294921014			
		294831813			
SUM		294831813 Zlp Code			
SUM City		ZIp Code			
SUM City	MERVILLE SC	Zip Code			
SUM City The	MERVILLE SC name and address of each organize	Zip Code			
SUM City The	MERVILLE SC name and address of each organize JACKIE WHITE	Zip Code			
SUM City The	MERVILLE SC name and address of each organize JACKIE WHITE Name	Zip Code			
SUM City The :	MERVILLE SC name and address of each organize JACKIE WHITE Name 103 PALM CT	ZIp Code			

13 (71:19 b	ע J's Transportation	1, L	8436958952	p. 5
				TRI-STATE TRAN	SIT, LLC.
5 .			•	Name of Como	the
Ψ.	Ch	eck this box if the company is to be a ten	m compai	ry. If so, provide the term) specified:
6.	X Ch ma Initi	eck this box only if management of the lir nagers. If this company is to be manage al manager.	nited liabl d by man	ity company is vested in agers, specify the name a	a manager or and address of each
	a) .	JACKIE WHITE			
		Name			
		103 PALM CT JACKIE WHITE			
		Street			
		SUMMERVILLE		CO WA	
		City		SC US	294831813
				State	Zip Code
	men	ck this box if one or more of the member pations under section 33-44-303(c). If on abers, and for which debts, obligations or abers.	fiabilities	members are so liable, s such members are liable	pecify which in their capacity as
8,	Unless a d Secretary	islayed effective date is specified, these of of State. Specify any delayed effective d	articles wi ate and ti	l be effective when endo	rsed for filing by the
9.	Set forth an including a operating a	ny other provisions not inconsistent with I ny provisions that are required or are per greement.	aw which	the organizers determine se set forth in the limited	to include, liability company
10.	Signature o	f each organizer			
	Electron Refer to	ically filed on SCBOS. attached signature page.		Date 2013-01-30	

8436958952

D J's Transportation, L

Jan 31 13 01:19p